

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90159 004 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000075052**

1. Corporation Name  
**BERAJA HEALTHCARE CORPORATION**



Principal Place of Business	Mailing Address
2550 DOUGLAS ROAD SUITE 301 CORAL GABLES FL 33134	2550 DOUGLAS ROAD SUITE 301 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0618199	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
29		30		<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERAJA, MATILDOR 2295 S. MIAMIA AVENUE MIAMI FL 33129				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 33129			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERAJA, ROBERTO	1.2 NAME	
STREET ADDRESS	2550 DOUGLAS RD. #301	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33134	1.4 CITY-ST-ZIP	Coral Gables
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERAJA, VICTOR	2.2 NAME	
STREET ADDRESS	2550 DOUGLAS RD. #301	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33134	2.4 CITY-ST-ZIP	Coral Gables
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERAJA, MATILDE	3.2 NAME	
STREET ADDRESS	2550 DOUGLAS RD. #301	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33134	3.4 CITY-ST-ZIP	Coral Gables
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERAJA, ESTHER	4.2 NAME	
STREET ADDRESS	2550 DOUGLAS RD. #301	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33134	4.4 CITY-ST-ZIP	Coral Gables
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERAJA, ISIDORO	5.2 NAME	
STREET ADDRESS	2550 DOUGLAS RD. #301	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134	5.4 CITY-ST-ZIP	Coral Gables
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ Date: 01/10/99 Daytime Phone #: (305) 443-7070

CR2E034 (11/98)